

DIRECTIONS TO APPLY FOR AN OCCUPATIONAL EDUCATION LICENSE

STEP 1

OBTAIN THE FOLLOWING:

1. Application for Occupational Education License (Complete Part I)

Application must be signed

2. Qualification Sheet (Complete both sides)

3. Verification of full-time employment

HEALTH SCIENCE TEACHERS: Applicant shall have completed three years of successful employment within the past five years in a state approved health care facility.

(Ex: hospital, nursing home, rehab center, dental or medical office, home health, day surgery center, etc.) (NOTARIZED LETTERS ON HEALTH CARE LETTERHEAD MUST BE INCLUDED VERIFYING WORK EXPERIENCE) The health science teacher will be required to hold an associate or higher degree and hold current licensure, registration or certification in an allied health occupation or as a registered nurse in Tennessee.

TRADE AND INDUSTRY TEACHERS: Applicant shall have a minimum of five years of appropriate work experience, within the last 8 years, in the field for which application is made. Employer must sign verification sheets or original letters on company letterhead verifying work experience. Verification sheets must be notarized. (POST-SECONDARY EDUCATION IN THE OCCUPATIONAL AREA IN WHICH LICENSURE IS REQUESTED MAY BE SUBSTITUTED AS FOLLOWS):

- ☐ Appropriate post-secondary training in the teaching area, an associate degree, or industry certification may be substituted for up to two years of work experience.
- ☐ A combination of an associate degree related to the teaching area and industry certification may be substituted for four years of work experience.
- ☐ A bachelor's degree or higher degree related to the teaching area may be substituted for four years of work experience.

4. Education verification (must submit all official transcripts)

HEALTH SCIENCE: Must submit all official transcripts from: (Medical School, University, College)

TRADE AND INDUSTRY: Must submit all official transcripts from: (University, College, High School, GED Scores)

COSMETOLOGY AND/OR BARBERING INSTRUCTOR APPLICANTS:

Must submit a notarized copy of current Tennessee operator and instructor's license Issued by the Board of Cosmetology or the Barber Examiners of Tennessee.

REGISTERED NURSE OR ALLIED HEALTH APPLICANTS:

Must submit a notarized copy of current valid Tennessee Health license from Tennessee Health Related Boards or Tennessee state approved nationally recognized credential agency.

PLEASE SUBMIT ALL ITEMS LISTED IN STEP 1 IN ONE PACKET TO:

TENNESSEE DEPARTMENT OF EDUCATION
Office of Teacher Licensing
4th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0377
(615) 532-4885

**APPLICATION FOR TENNESSEE OCCUPATIONAL EDUCATION LICENSE
OR AMENDMENT TO LICENSURE**

PART I RECORD OF PREPARATION: TO BE COMPLETED BY APPLICANT (type/print)

If you hold or have previously held a Tennessee Teacher's License, please indicate Reference Number _____

Last Name		First Name		Middle/Maiden	
Social Security Number	Email Address	Telephone Number	Date of Birth	*Race	* Sex
Street/P.O. Box		City		State	Zip Code

*Optional -Statistical Information only

NAME/ADDRESS CHANGE

(Provide a notarized copy of the marriage license, divorce decree, or court order that has generated the legal change of name)

PLEASE READ CAREFULLY BEFORE SIGNING

Answer the following questions if you have **NEVER** held a Tennessee Teacher License or Permit:

- | | | |
|--|-----------|----------|
| 1. Have you ever been convicted of a felony (including a conviction or plea of nolo contendere)? | _____ YES | _____ NO |
| 2. Have you ever been convicted of the illegal possession of drugs and/or narcotics? | _____ YES | _____ NO |
| 3. Have you ever falsified or altered documentation required for licensure? | _____ YES | _____ NO |

Signature _____ Date _____

Answer the following questions if you have **EVER** held a Tennessee Teacher License or Permit (since the Tennessee License or Permit was last issued or renewed):

- | | | |
|---|-----------|----------|
| 1. Have you been convicted of a felony (including a conviction or plea of nolo contendere)? | _____ YES | _____ NO |
| 2. Have you been convicted of the illegal possession of drugs and/or narcotics? | _____ YES | _____ NO |
| 3. Have you falsified or altered documentation required for licensure? | _____ YES | _____ NO |

Signature _____ Date _____

ARE YOU A VETERAN?

_____ YES (See important information regarding Troops to Teachers program available @ www.proudtoserveagain.com) _____ NO

_____ APPLICATION FOR INITIAL OCCUPATIONAL EDUCATION LICENSE (employment verification required)

_____ APPLICATION FOR AMENDMENT TO ADD ADDITIONAL ENDORSEMENT AREA(S) (employment verification required)

_____ APPLICATION FOR AMENDMENT TO SHOW ADDITIONAL DEGREE/EDUCATION (check one of the following)

_____ Bachelor 's Degree	_____ Master 's Degree	_____ Master 's Degree plus 30
_____ Educational Specialist Degree	_____ Doctorate Degree	_____ Other _____

NOTE: Official transcripts reflecting amendment must accompany application.

TENNESSEE DEPARTMENT OF EDUCATION

Office of Teacher Licensing
4th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, Tennessee 37243-0377
(615) 532-4885

PART II EDUCATION VERIFICATION: TO BE COMPLETED BY THE STATE DIVISION OF VOCATIONAL-TECHNICAL EDUCATION**A. Verification of Education**

_____ College Transcript

_____ High School Transcript

_____ GED Scores

B. Verification of Experience in the Area of Endorsement

Technical Education (Post Secondary)

_____ years

_____ months

Work Experience

_____ years

_____ months

The technical education and work experience listed above have been verified by attached documentation and are appropriate for the following endorsement(s):

ENDORSEMENT	ENDORSEMENT CODE	INITIAL (must select one)	ADD-ON	Date of Completion

C. This applicant has met minimum education and occupational work experience, and is recommended as having adequate competencies in the endorsed area(s):

Signature: Division of Vocational-Technical Education_____
Date

Application must be accompanied by letters of documentation of employment, high school transcript, GED scores, or official college transcript(s), if applicable. Health Occupations, Cosmetology and Barbering applicants must submit copy of current operator's and instructor's or registered license issued by appropriate licensing board.

ENDORSEMENT CODES AND TITLES

Collision Repair Technology	507	Graphic Communications	543	Other T & I Occ	586
Automotive Technology	508	Cosmetology	561	Legal & Protective Serv.	590
Aircraft Maintenance	512	Culinary Arts	562	Jobs for TN Graduates	591
Carpentry	522	Leisure Craft Technology	568	Aviation Ground School	594
Electricity	523	Radio/TV Broadcasting	576	Technology Infrastructure	595
Concrete/Masonry	524	Health Science/Occ	577	Manufacturing Technology	596
Plumbing	527	Diesel Equip Technology	581	Electronic Media	597
Drafting/CAD	531	Welding & Cutting	584	HVACR	598

STATE OF TENNESSEE DEPARTMENT OF EDUCATION
QUALIFICATION SHEET
For Occupational Teacher Applicant

1. Name

Last Name

First Name

Middle/Maiden

2. Date

month day year

3. Present Address (Street, City, County, State, Zip)

4. Telephone Number

5. Social Security Number

6. School and School System in which you are seeking employment

7. Endorsement Area

8. Type of Previous Occupational or Trade Experience

9. Years of Previous Occupational or Trade Experience

10. (a) Type of Teacher License

(b) State

(c) License Number

(d) Date of Expiration

(e) Subjects Approved

11. Years of Teaching Experience

12. Subjects Taught

13. EDUCATIONAL DATA

Highest Grade Completed

Level of Education/Training	Name of School or Other Organization	City	State	Major Course, Subject, or Trade	Diploma Certificate (must select one)	Date
Pre-High School						
High School						
College						
Other: (include apprenticeship attainment of journeyman status and any other relevant training)						

(see reverse side for additional instructions)

[illegible]

Signature

REV 10/04

VERIFICATION OF OCCUPATIONAL EXPERIENCE
(Trade & Industry only)

Use this section to report occupational work experience. The information should indicate the place of work, the type of work, and the dates of work, including the hours per week. The statement must be signed by the employer and notarized. In lieu of this form, the teacher may submit a signed statement on company letterhead.

Employer Signature

Date

Street Address/P.O. Box

City

State

Zip Code

State of Tennessee, _____ County, _____

(Employer)

personally appeared before me, _____, a Notary Public in

and for said County. Sworn and subscribed before me, this _____ day of _____,

20____.

Place Notary Seal Below

Notary Signature

STEP 2

OCCUPATIONAL EDUCATION LICENSE

REQUIREMENTS TO ADVANCE FROM APPRENTICE TO PROFESSIONAL LICENSE

The Apprentice Occupational License is issued for five years and may only be used for three years of employment during the five-year period. During the three years of employment, the teacher must: (Verification of current industry certification is required for all advancement applications)

- I. Attend a three-day or 18 contact hour pre-service training for occupational education licensed teachers during their first year of teaching unless otherwise noted. This pre-service training will be non-credit and no tuition cost. Attendance is required as part of the licensing process. Certificates will be issued as part of the validation requirements. (Documentation Required)
- II. Complete a teacher preparation program designed to meet the knowledge and skills of occupational teachers (up to 18 hours). These courses must be completed within the three years of employment. Official transcripts and letter of completion of knowledge and skills are required from Certification Officer. Contact one of the following teacher-preparation institutions to begin the teacher training:

Dr. Carroll Hyder
East Tennessee State University
P.O. Box 22600A
Johnson City, Tennessee 37601
(423) 439-4890

Dr. Alphonse Carter, Jr. (T & I only)
Middle Tennessee State University
P.O. Box 19
Murfreesboro, Tennessee 37132
(615) 898-2095

Dr. Jo Edwards (Health Occupations)
Middle Tennessee State University
P.O. Box 81
Murfreesboro, Tennessee 37132
(615) 898-2095

Ed Orio
University of Memphis
Education Building, Room 215
Memphis, Tennessee 38152
(901) 678-2728

Dr. Carol Helton
Tennessee Board of Regents
1415 Murfreesboro Road
Nashville, Tennessee 37217
1-888-223-0023

Dr. Sandy Smith
Tennessee Technological University
Bartoo Hall, Room 309
Cookeville, Tennessee 38501
(931) 372-3207

Dr. Rick Grubb (ask for Lisa)
Lincoln Memorial University
Avery Hall, Box 2000
Cumberland Gap Parkway
Harrogate, Tennessee 37752
(423) 869-6247

Meg Farrell
University of Tennessee Chattanooga
Department 5255
212 Siskin Building
Chattanooga, Tennessee 37403
(423) 425-4022

- III. Complete four days of observation of other teachers during the current school year. The first two visits are to be conducted during the first fifty days of teaching. The first visit will be in the occupational area of teaching in another school and the second visit will be in the occupational area or related academic area. The remaining two visits will be completed at another school in the occupational area or related academic area. The principal and/or vocational director will approve the visits. The visitations must be documented on the attached form (Documentation Required).
- IV. Be assigned a mentor teacher by the local education agency. (Documentation Required)
- V. Attend two days of professional development during the school year. The program consultant will announce the date, time, and place. (Documentation Required)
- VI. Complete three years of teaching in an approved school and receive a positive recommendation based on evaluation by the local education agency under the Framework for Evaluation and Professional Growth. (Advancement form required).

OCCUPATIONAL EDUCATION TEACHER'S CREDENTIALS

Name: _____ Social Security Number: _____

System: _____

The following must be completed to advance to a Professional License (after 3 years).

- Three Days Pre-Service (certificates must be submitted in the packet) Date Completed: _____
- Up to 18 Semester Hours of Approved College Credit (an official transcript and a letter of completion signed by the Certification Officer.) Date Completed: _____
- Two days of Approved Professional Development (certificates must be submitted in the packet) Date Completed: _____

Four one-day visits

Visit 1 _____ Date Completed: _____
School and Instructor

Visit 2 _____ Date Completed: _____
School and Instructor

Visit 3 _____ Date Completed: _____
School and Instructor

Visit 4 _____ Date Completed: _____
School and Instructor

This is to confirm all required work has been completed to advance:

Signed: _____
(Teacher's Signature)

Signed: _____
(Mentor's Signature)

Signed: _____
(Administrator's Signature and Title)